

CPT ADVISOR

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Distal anastomotic vein adjunct usage in infrainguinal prosthetic bypasses

Infrainguinal bypass grafts may be constructed with an adjunct near the distal anastomosis to help increase long-term patency. Examples include a venous patch or cuff placed between a prosthetic conduit and the target distal artery or the creation of an arteriovenous fistula at a point at or remote from the distal anastomosis of the leg bypass graft. There are two add-on CPT codes that describe such maneuvers and attempt to compensate the surgeon for the additional work involved.

CPT code 35685 is an add-on CPT code used exclusively for prosthetic revascularizations. The code description states “*Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure).*” Vein harvest and preparation are included. The 2013 Medicare Physician Fee Schedule has this valued at 4.04 work relative value units (RVUs) and 6.10 total RVUs. CPT code 35685 may only be submitted with CPT code 35656 (femoral-popliteal artery bypass with other than vein), 35666 (femoral-tibial artery bypass with other than vein), or 35671 (popliteal-tibial artery bypass with other than vein).

Alternatively, CPT code 35686 is an option regardless of conduit. The code description states “*Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for*

primary procedure)”. Exposure of the artery and vein are included. Harvest of any vein to create the fistula is bundled as well. The 2013 Medicare Physician Fee Schedule has this valued at 3.34 work RVUs and 5.04 total RVUs. CPT code 35686 may only be submitted with CPT code 35556 (femoral-popliteal bypass with vein), 35566 (femoral-tibial bypass with vein), 35570 (tibial-tibial bypass with vein), 35571 (popliteal-tibial bypass with vein), 35583-7 (the in-situ leg bypass codes), 35623 (axillary-popliteal or tibial bypass with other than vein), 35656 (femoral-popliteal artery bypass with other than vein), 35666 (femoral-tibial artery bypass with other than vein), or 35671 (popliteal-tibial artery bypass with other than vein).

When an infrainguinal bypass is performed with an adjunct, the standard bypass procedure description as well as the appropriate adjunct add-on CPT code is reported. As an add-on code, the additional procedure descriptions are not subject to the multiple procedure discount and therefore reimbursed at 100% of their value. For example, a prosthetic femoral-anterior tibial artery bypass with a vein cuff would be described by CPT codes 35666 and 35685. In the 2013 Medicare Physician Fee Schedule, CPT code 35666 is valued at 23.66 work RVUs and 39.18 total RVUs. The entire procedure would be reimbursed at 27.70 work RVUs and 45.28 total RVUs.

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